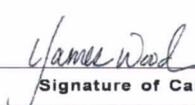


APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM GTA
PG 1

See GTA Instruction Guide for detailed instructions.		1 Total pages filed:
2 COMMITTEE NAME	Voters for Oversight and Police Accountability	
3 ACRONYM		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 634, Austin, Texas 78767	
5 REPORTING TYPE	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX James Wood	
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 500 W 2nd St, Ste 1900, Austin, Texas 78701	
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 634, Austin, Texas 78767	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 988-9127	
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX James Wood	
11 SIGNATURE	<p>I understand that I have been appointed as the campaign treasurer for this general-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <div style="text-align: right; margin-top: 10px;">  _____ Signature of Campaign Treasurer </div>	
12 ASSISTANT CAMPAIGN TREASURER	FIRST MI LAST SUFFIX	
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
14 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	

OFFICE USE ONLY

Filter ID #

Date Received

DCC RECEIVED AT
NOV 2 '22 PM3:25

Date Hand-delivered or Postmarked

Receipt #	Amount \$
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Date Processed

Date Imaged

CONTINUE ON PAGE 2

This appointment is effective on the date it is filed with the commission.

**GENERAL-PURPOSE COMMITTEE:
CONTROLLING ENTITY INFORMATION**

15 COMMITTEE NAME Voters for Oversight and Police Accountability

16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
FULL NAME OF CONTROLLING ENTITY	
ACRONYM	
FULL NAME OF CONTROLLING ENTITY	
ACRONYM	

17 CONTRIBUTION DECISION MAKERS	First	MI	Last	Suffix
	James Wood			
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix

18 EXPENDITURE DECISION MAKERS	First	MI	Last	Suffix
	James Wood			
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix

**CONTINUE ON PAGE 3
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES**

**FORM GTA
PG 3**

19 COMMITTEE
NAME

Voters for Oversight and Police Accountability

20 RECIPIENT
GENERAL
PURPOSE
COMMITTEES

Committee name

Committee address;

City;

State;

Zip Code

For more information about where to file go to:
<https://ethics.state.tx.us/filinginfo/QuickFileARreport.php>

**CONTINUE ON PAGE 4
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**GENERAL-PURPOSE COMMITTEE:
 STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
 FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
 CONTRIBUTIONS UNDER SECTION 252.003, ELECTION CODE**

21 COMMITTEE NAME Voters for Oversight and Police Accountability

22 AFFIRMATION (if applicable) I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:

(Check if applicable)

The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:

(1) Affidavit Jurat:



James Wood
 Signature of Committee Representative

Sworn to and subscribed before me by James Wood, this the 2nd day of November, 2022, to certify which, witness my hand and seal of office.

Natalie Rochelle Jordan Signature of officer administering oath
 Natalie Rochelle Jordan Printed Name of officer administering oath
 Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration Jurat:

My name is _____, and my date of birth is _____.

My Address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

 Signature of Committee Representative (Declarant)

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or by mail to:

Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070